

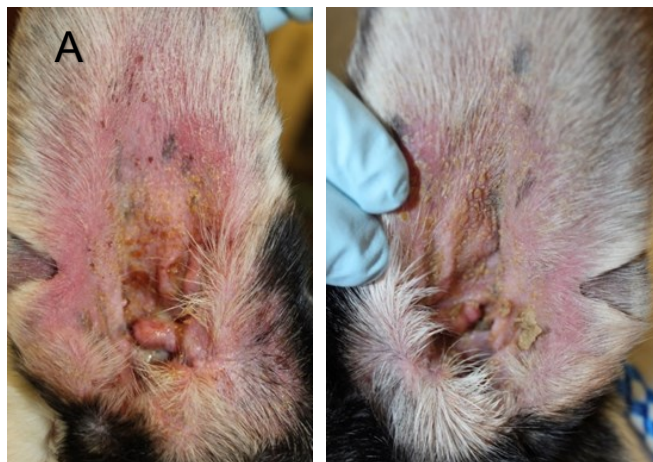
## CUVS CLINICAL BRIEF

### MANAGING CANINE OTITIS EXTERNA

Otitis externa is one of the most common reasons dogs visit the veterinarian, making up an estimated 10-20% of all veterinary visits in the United States. Despite its commonplace nature, otitis externa can represent some of the most complicated and frustrating cases to the patients, owners, and veterinarians alike.

#### Keys for successful management of otitis externa

- Identify and address the underlying primary cause. It's estimated that at least 75% of cases of otitis externa are secondary to allergies. ***Failure to address the primary cause of otitis externa is the most common reason for both treatment failure and recurrence.***
- Identify and address as many predisposing (conformation, water exposure) and perpetuating (stenotic ear canals, otitis media) factors as possible. Educate clients that these factors alone are not sufficient to cause the disease, but they should be addressed to facilitate treatment and prevent relapse.
- Perform cytology at the time of initial diagnosis and every recheck, if possible. It is very difficult to determine if you can discontinue treatment without documenting complete resolution of both infection and inflammatory cells.
- Remember that culturing is not always helpful—topical antibiotic concentrations will exceed the plasma concentrations on which culture sensitivities are based. You may have plenty of topical treatment options despite their designation as “resistant” on culture – a difficult concept to explain to an owner! I culture only if I am going to prescribe systemic antibiotics.
- Identify situations in which systemic antibiotics are necessary. In general, otitis externa is best treated topically, because plasma drug concentrations do not adequately reach the external ear canal. I use systemic antibiotics only in cases of soft tissue involvement or otitis media. I always base my systemic antibiotic choices on culture.
- Identify cases with likely otitis media. Otitis media is estimated to be present in up to 16% of dogs with acute otitis externa and up to 52% of dogs with chronic otitis externa, making it a common perpetuating factor for recurrent otitis externa, and there are often no specific clinical signs in these patients. Failure to recognize and treat otitis media is likely a common cause of treatment failure.

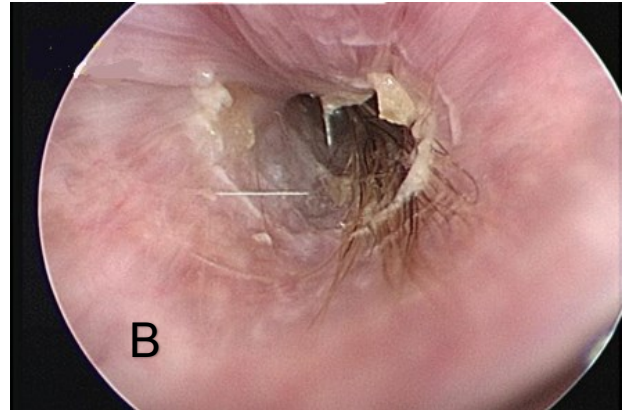


Inflamed pinnae of a dog with chronic otitis externa secondary to atopic dermatitis (A).

*Continued...*

**How to manage refractory otitis cases**

- Carefully review the case to identify any primary, predisposing, and perpetuating factors that are being insufficiently addressed.
- Remember that inflammation is a common perpetuating factor and make sure you are aggressively battling inflammation with topical or systemic steroids or cyclosporine.
- Ask yourself if your antimicrobial treatment is reaching its target. Common reasons for treatment failure include bio-films or purulent discharge preventing good contact with the infection or deactivating the anti-microbial, respectively. You may need to increase the frequency or alter the timing of the ear cleaning. Pre-treating with TrizEDTA can help antibiotics better kill bacteria by “punching holes” in the bacteria. Similarly, viscous products may not distribute adequately in stenotic ears, so you may need to select a more “liquid” product.
- Consider referral. Often, refractory patients benefit from video-otoscopy, where any “hidden” underlying cause (polyps, cholesteatoma, middle ear disease) can be identified and treated. A CT scan can help to identify occult otitis media. End stage disease (ear canals that feel like bone on palpation) may need to be addressed surgically.



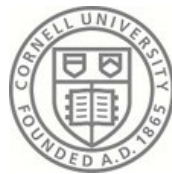
Video-otoscopic images of the dog with otitis pictured above (A), and towards the end of the video-otoscopic procedure (B).



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**Dermatology appointments available 4 days a week, including Saturdays.**



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